



SEASONAL EMPLOYMENT APPLICATION 2021

**Town of Poughkeepsie
Recreation Department
One Overocker Road,
Poughkeepsie, NY 12603**

This application must be completed and signed personally by the applicant. Each question must be answered in full. We are an **Equal Opportunity Employer** and consider all applications for all positions without regard to race, color, religion, gender, sexual orientation, national origin, age, physical or mental disability, marital status, veteran status, or any other legally protected status or class.

Name (First Middle Last)	Email Address Enter Email Address Again
Address	Cell Phone Number: Home/School Phone Number
<u>Position Desired (Check all that Apply)</u>	
<input type="checkbox"/> Parks Maintenance Worker (must be 18+ and possess a valid driver's license) <input type="checkbox"/> Camp / Program Director (must be 21+ and possess a valid driver's license) <input type="checkbox"/> Camp Health Officer (must be 21+; be a LPN, RN or EMT and possess a valid driver's license) <input type="checkbox"/> Camp Program Specialist (must be 16+ and be proficient in area of instruction: sports, crafts, drama, nature) <input type="checkbox"/> Camp Counselor (must be 16+)	
Period Available to Work: From (Indicate month and day) _____ To (Indicate month and day) _____ Are you available for the full period of work listed on the cover page for this position? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you planning to take vacation time during this work period? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, may we contact your employer to obtain employment information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed with the Town of Poughkeepsie before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give dates From ____/____/____ To ____/____/____	
Are you legally eligible for employment in the United States? <i>Employment eligibility verification will be required upon employment.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be 16 years of age on June 25, 2021?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are under 18 years of age, can you provide required proof of your eligibility to work [Working Papers]?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<u>If you have been provided with a job description for the position for which you are applying</u> , are you able to perform the essential functions of the position with or without reasonable accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
If you are out of town (i.e. away in college), when would you be back in town for an interview?	

PLEASE TYPE or PRINT NEATLY

Name _____

Education

Type of School Attended	Name and Location of School	Number of Years Completed <i>(do not give dates)</i>	Course of Study	Diploma or Degree Obtained
High School or Other				
College				

Certifications, Licenses and Skills

Please attach copies of certificates

	Course Name	Course Provider	Expiration Date
<i>Example</i>	<i>Camp Director's School</i>	<i>American Camping Institute</i>	<i>12/31/2021</i>
CPR			
First Aid			
EMT			
Nurse			
Other			

If you are applying for a position which requires a Driver License, provide license number and state _____

List your extracurricular activities and hobbies.

What subjects are you qualified to instruct or activities you can teach/lead children?

PLEASE TYPE or PRINT NEATLY

Name _____

Employment History

Present or Last Employer

Name of Employer	Phone Number
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Address	City	State	Zip
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Employment Dates (Month/Year)	
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Title of Position	Name and Title of Supervisor
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Description of duties, responsibilities and significant accomplishments

Reason for leaving

Next Previous Employer

Name of Employer	Phone Number
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Address	City	State	Zip
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Employment Dates (Month/Year)	
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Title of Position	Name and Title of Supervisor
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Description of duties, responsibilities and significant accomplishments

Reason for leaving

Next Previous Employer

Name of Employer	Phone Number
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Address	City	State	Zip
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Employment Dates (Month/Year)	
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Title of Position	Name and Title of Supervisor
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Description of duties, responsibilities and significant accomplishments

Reason for leaving

What other information you would like us to know.

PLEASE TYPE or PRINT NEATLY

Name _____

References: ALL must be a non-relative over 21 years of age

Name	How do you know this person?
Address/City/State/Zip	Years Known
Phone Number	Email Address
Name	How do you know this person?
Address/City/State/Zip	Years Known
Phone Number	Email Address
Name	How do you know this person?
Address/City/State/Zip	Years Known
Phone Number	Email Address
Name	How do you know this person?
Address/City/State/Zip	Years Known
Phone Number	Email Address

Conviction Record Status

Have you ever been convicted of and/or plead guilty to a felony? Yes No

Have you been convicted of and/or plead guilty to a misdemeanor within the past five years? Yes No

If you answered 'yes' to either question, please provide additional information such as the crime(s), date(s), court location, sentencing information, disposition of sentence, and rehabilitation completed. **Please note that a 'yes' answer to this question does not necessarily disqualify an applicant from employment with the Town of Poughkeepsie.** The nature of the violation and all other appropriate circumstances will be considered. The Town reserves the right to reject individuals for employment based on job-related convictions.

Date	County/State	Conviction/Explanation

Certification

I certify that the facts contained on this application are true and complete to the best of my knowledge. I understand that any misrepresentation is cause for voiding this application or termination of employment, if hired. I understand that a background check will be conducted which will include an inquiry into the NYS Sex Offender Registry and may include, depending upon the specific position, an inquiry into the NYS Central Registry for Child Abuse and Exploitation. I also authorize investigation of my criminal and employment record and references, and any other information contained on this application, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, I will be subject to random drug and alcohol testing and that my employment is for no definite period and may be terminated at any time, subject to applicable federal, state and/or local regulations.

Signature of Applicant: _____ Date: _____

PLEASE TYPE or PRINT NEATLY